

Implementing a Novel anti-Racism Curriculum for Pulmonary and Critical Care Medicine Fellows

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Background: The persistence of health disparities in access and provision of care has led to the recognition of racism as a public health crisis. Awareness of the moral imperative to address effects of structural racism on the health of underserved and socioeconomically disadvantaged communities has emerged. Medical educators must help their trainees become more aware of historical contexts for the status quo, understand the impacts of implicit bias and institutional racism and provide culturally competent care. It is equally important that curricula focus on issues with direct relevance to trainees' clinical practice and learning environment. To address this need, we created and implemented a novel anti-racism curriculum specifically designed for Pulmonary and Critical Care Medicine (PCCM) fellows.

Methods: We administered a needs assessment survey to PCCM fellows and faculty in our division that assessed basic knowledge of structural racism and their experiences with confronting racism in the professional setting. We then created an anti-racism curriculum to address responses to this assessment and incorporated it into the fellowship's core educational conference series for the 2021-2022 academic year (Table 1). The curriculum utilizes current medical, psychological, sociological, and anthropological literature to build a common foundation of the historical legacy of slavery, Jim Crow discrimination, and colorblind racism. Unique to the experience at our institution, we also included a multidisciplinary, panel-based Department of Internal Medicine Grand Rounds discussion on the care of incarcerated patients during the initial surge of the COVID-19 pandemic.

Results: Survey responses were obtained from 18 trainees (sent to 19 trainees, 94.7% response rate) and 32 faculty members (sent to 75 faculty members, 42.6% response rate). Respondents generally shared a belief that structural racism significantly contributes to persistent disparities in delivery of healthcare (94.4% of fellows and 87.5% of faculty either agreed or strongly agreed with this statement). There was a wide variation in personal experiences with racism in professional settings. Sixty-one percent of fellows and 50% of faculty surveyed had personally experienced racism in the professional setting. Seventy-eight percent of fellows and 62% of faculty agreed or strongly agreed that they feel comfortable addressing overt racism from patients and families. Only 31% of faculty and 34% of fellows felt comfortable addressing subtle racism in those same circumstances (Table 2).

Conclusion: The persistence of structural racism reinforces healthcare disparities and must be addressed. Educational interventions represent effective vehicles for both conveying information about structural racism to trainees and for engaging stakeholders in open and honest conversations, all with the goal of equalizing healthcare for our patients. In response to a needs assessment distributed to our division, we implemented a new antiracism curriculum for PCCM trainees. A follow up survey will be distributed to PCCM fellows and faculty, assessing for any changes in knowledge of structural racism and healthcare disparities, after the full implementation of the curriculum at the conclusion of the 2021-2022 academic year. The follow up survey will also assess changes in comfort responding to overt or subtle racism in professional settings.